

## C. Outreach (Includes Peer Opinion Leader Models)

Date: \_\_\_\_\_

### – Intervention Plan – Jurisdiction Aggregate Form

Complete a separate form for each primary population served by this type of intervention		
<p><b>[1] Jurisdiction ID:</b> _____</p> <p><b>[2] Total number of outreach interventions this form describes:</b> _____</p>	<p><b>[3] Primary Population</b></p> <p>Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. <i>[See instructions for distinguishing between primary and secondary risk populations.]</i></p> <ul style="list-style-type: none"> <li>• MSM</li> <li>• MSM/IDU</li> <li>• IDU</li> <li>• Heterosexual</li> <li>• Mother with/at risk for HIV</li> <li>• General Public</li> </ul>	<p><b>[4] Secondary Population</b></p> <ul style="list-style-type: none"> <li>• MSM</li> <li>• MSM/IDU</li> <li>• IDU</li> <li>• Heterosexual</li> <li>• Mother with/at risk for HIV</li> <li>• General Public</li> </ul>

<b>[5] Number of outreach interventions for this risk population to be provided by the following types of agencies (total should equal number in [2] above):</b>						
CBO - Minority Board	_____	State Health Department	_____	Academic Institution	_____	Other Agency
CBO - Non-Minority Board	_____	Local Health Department	_____	Research Center	_____	(please specify)
Faith Community	_____	Other Government	_____	Individual	_____	_____
<b>Total</b>						_____

[6] Clients To Be Served With CDC Funds <sup>§</sup> (M=male; F=female; T=transgender; NT=sex not targeted)	# 19 years old				20 – 29 years old				30 + years old				Age data not available				TOTAL
	M	F	T	NT	M	F	T	NT	M	F	T	NT	M	F	T	NT	
American Indian/Alaska Native																	
Asian/Pacific Islander																	
White																	
Black																	
Other																	
<b>TOTAL</b>																	

Hispanic																	
Non-Hispanic																	
<b>TOTAL</b>																	

§ The minimum data required for this report are the totals contained in the double-lined boxes at the far right end of the table above. Completing the other cells is optional but encouraged.

[7] Evidence or Theory Basis for the Intervention and Justification for Application to the Target Population and Setting		
	Evidence or Theory Provided	Evidence or Theory not Provided
Intervention Is Justified for Application to the Target Population and Setting		
Intervention Is <i>Not</i> Justified for Application to the Target Population and Setting		

[8]	Service Delivery Plan
Sufficient Delivery Plan	
Insufficient Delivery Plan	

[9] Notes/Comments Field: